

**STATE OF WEST VIRGINIA  
OFFICE OF THE INSURANCE COMMISSIONER**

|                              |                                  |                                  |
|------------------------------|----------------------------------|----------------------------------|
| New <input type="checkbox"/> | Renewal <input type="checkbox"/> | Rewrite <input type="checkbox"/> |
| Customer ID#                 |                                  |                                  |

This form must be forwarded to the licensed surplus lines licensee placing the risk in the surplus lines market. (W. Va. C.S.R. § 114-20-4.2(a))

1. \_\_\_\_\_ hereby submits that he/she is a duly licensed  
(Type or Print Producer Name)

individual insurance producer under West Virginia Office of the Insurance Commissioner license number  
\_\_\_\_\_.

**2. RISK DESCRIPTION:**

(A) Insured \_\_\_\_\_  
(Type or Print Name of Insured)

(B) Address of Insured \_\_\_\_\_  
(Street and Number)

\_\_\_\_\_  
(City, State, Zip Code)

(C) Description of the Risk \_\_\_\_\_  
(e.g. Laundromat, Liquor Store, NOT TYPE OF COVERAGE)

(D) Location of the Risk \_\_\_\_\_  
(Street and Number)

\_\_\_\_\_  
(City, State, Zip Code)

(E) Type of Insurance coverage \_\_\_\_\_

3. Is the type of coverage described on lines 2(C) and 2(E) on the current West Virginia export list for both the type of insurance and the location in the State? (CHECK ONE) \_\_\_\_\_ YES \_\_\_\_\_ NO

If you answered NO, continue to number 4.

4. I declare under penalty of perjury, that I have made a diligent search to procure the insurance coverage described above from licensed insurers in West Virginia which are authorized to transact the kind of insurance involved and which provide, in the course of business, coverage comparable to the coverage being sought. I have contacted the insurers that I represent customarily writing the kind of insurance requested by the insured and have been unable to procure said insurance. The licensed insurers declining to insure this risk are the following:

| Full Name of Admitted Company | NAIC # | Name of Company Representative and Telephone Number | Date of Declination | Declination Code* |
|-------------------------------|--------|---|---------------------|-------------------|
|                               |        |   |                     |                   |
|                               |        |   |                     |                   |
|                               |        |   |                     |                   |

\* Declination Codes 1 -- Company's capacity reached 2 -- underwriting reason 3 -- refused to state 4 -- other

If other is used for the declination code, explain:

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## NOTICE TO INSURED

I, \_\_\_\_\_, have been expressly advised prior to the placement of the insurance that:

(Type or Print Name of Insured)

1. The surplus lines insurer with which the insurance is placed is not an admitted authorized insurer in this State and is not subject to the insurance commissioner's supervision; and

2. In the event the surplus lines insurer becomes insolvent, claims will not be paid nor will unearned premiums be returned by any West Virginia insurance guaranty fund.

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(Signature of Insured)

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(Date)

The undersigned licensed individual insurance producer who performed or supervised the diligent search hereby certifies that this report is true and correct, and that this risk is not being placed with a non-admitted insurer for the sole purpose of securing a rate or premium lower than the lowest rate or premium available from an admitted insurer.

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(Type or Print Name of Licensed Individual Insurance Producer)

\_\_\_\_\_ Date \_\_\_\_\_

(Signature of Licensed Individual Insurance Producer)